



UTAH DEPARTMENT of
ENVIRONMENTAL QUALITY
**WATER
QUALITY**

Cooperative Monitoring Program Daily Calibration Report

Trip ID: _____ Agency/Field Office: _____
Date: _____ Analyst: _____
Time: _____

Specific Conductance

Equipment Type (Make and Model):				
Buffer Value	Pre-Cal. Reading	Post Cal. Reading	Check Value	
0 (Air)			Certified Value	Measured Value
Buffer Expiration Date: _____			±5% of expected? Y or N (circle one)	
Comments: _____				

pH

Equipment Type (Make and Model):				
Buffer Value	Pre-Cal. Reading	Post Cal. Reading	SRM	
7.00			Certified Value	Measured Value
10				
pH Buffer Exp Date: _____		7.00 _____	10.00 _____	
		±5% of expected? Y or N (circle one)		
Comments: _____				

Dissolved Oxygen

Equipment Type:		
Barometric Pressure (mm/Hg)	Pre-Cal. % Saturation	Post Cal. % Saturation
Comments: _____		

General Comments: _____

